

Application No. _____ -CPA- _____



APPLICATION FOR LAND USE PLAN MAP AMENDMENT

PLANNING AND ZONING DIVISION

SUBMIT ALL

Section 1: **General Application Requirements**

HELPFUL INFORMATION

Section 2: **Submittal Requirements**

Section 3: **Development Review Committee (DRC) Information**

City of
Miramar

Community Development Department
2200 Civic Center Place
Miramar, Florida 33025
(954) 602-3264
www.ci.miramar.fl.us

SECTION 1: GENERAL REQUIREMENTS

INSTRUCTIONS: Please print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (Not Applicable). Please include the items listed in Section 2 of the application.

DEVELOPMENT REQUEST – Check one type **ONLY** (Use separate applications if applicable)

- | | | |
|---|--|--|
| <input type="checkbox"/> Abandonment/Vacation of Right-of-Way or Easement | <input type="checkbox"/> Land Development Code Amendment | <input type="checkbox"/> Plat Waiver |
| <input type="checkbox"/> Appeal of decision/determination | <input type="checkbox"/> Land Use Plan Map Amendment | <input type="checkbox"/> Rezoning |
| <input type="checkbox"/> Community Appearance Board | <input type="checkbox"/> Master Development Plan (PUD) | <input type="checkbox"/> Site Plan |
| <input type="checkbox"/> Comprehensive Plan Text Amendment | <input type="checkbox"/> Master Zoning Plan | <input type="checkbox"/> Temporary Use |
| <input type="checkbox"/> Conditional Use | <input type="checkbox"/> Plat | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Developer's Agreement | <input type="checkbox"/> Plat Delegation Request | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Development of Regional Impact (DRI) | <input type="checkbox"/> Plat Exemption | |

DEVELOPMENT/PROJECT NAME:

DEVELOPMENT / PROJECT ADDRESS OR LOCATION: _____

Legal Description (*attach separate sheet if necessary*): _____

All Tax ID Folio Numbers: _____

Project Narrative (*Please attach as a separate sheet*)

Residential Use(s)/Unit Type(s): _____

Number of Residential Units: _____

Non-Residential Use(s) (Type & sq. ft.): _____

Current Use(s) of Property: _____

Proposed Use(s) of Property: _____

Is the property platted? Yes No

OR Book & Page: _____

Plat Name: _____

Is the property an existing legal lot of record? Yes No

If no, please explain on a separate sheet.

Site Area (sq. ft. & acres): _____

Existing Zoning Designation(s): _____

Proposed Zoning Designation(s): _____

Existing Land Use Designation(s): _____

Proposed Land Use Designation(s): _____

Will the plat be affected by this application? Yes No

If yes, please explain on a separate sheet.

Is the property the subject of code enforcement action?

Yes No

If yes, code enforcement case no.: _____

PROPERTY OWNER NAME:		SIGNATURE:	
Address:			
Telephone:	Fax:	E-mail:	
<input type="checkbox"/> Proof of Ownership (Submit Warranty Deed/Tax Record)			
NOTARIZATION			
STATE OF FLORIDA/COUNTY OF _____			
The foregoing instrument was acknowledged before me this ____ day of _____, _____, by _____			
<u>(Signature of Notary Public - State of Florida)</u>			
 <u>(Print, Type, or Stamp Commissioned Name of Notary Public)</u>			
Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____			

CONTRACT PURCHASER NAME:		SIGNATURE:	
Address:			
Telephone:	Fax:	E-mail:	
<input type="checkbox"/> Proof of Ownership (Submit Warranty Deed/Tax Record)			
NOTARIZATION			
STATE OF FLORIDA/COUNTY OF _____			
The foregoing instrument was acknowledged before me this ____ day of _____, _____, by _____			
<u>(Signature of Notary Public - State of Florida)</u>			
 <u>(Print, Type, or Stamp Commissioned Name of Notary Public)</u>			
Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____			

TENANT NAME:		SIGNATURE:	
Address:			
Telephone:	Fax:	E-mail:	
<input type="checkbox"/> Proof of Ownership (Submit Warranty Deed/Tax Record)			
NOTARIZATION			
STATE OF FLORIDA/COUNTY OF _____			
The foregoing instrument was acknowledged before me this ____ day of _____, _____, by _____			
<u>(Signature of Notary Public - State of Florida)</u>			
 <u>(Print, Type, or Stamp Commissioned Name of Notary Public)</u>			
Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____			

AGENT NAME:		SIGNATURE:	
Address:			
Telephone:	Fax:	E-mail:	
<input type="checkbox"/> Proof of Ownership (Submit Warranty Deed/Tax Record)			
NOTARIZATION			
STATE OF FLORIDA/COUNTY OF _____			
The foregoing instrument was acknowledged before me this ____ day of _____, _____, by _____			
<u>(Signature of Notary Public - State of Florida)</u>			
 <u>(Print, Type, or Stamp Commissioned Name of Notary Public)</u>			
Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____			

APPLICATION FOR PLAN REVIEW SERVICES (Optional; Cost Recovery Review)

APPLICANT: _____

PROJECT: _____

APPLICANT hereby requests CITY to utilize the cost recovery plan/permit review services provided by Ordinance No. 97-39 of the City of Miramar, Florida. In electing the cost recovery procedure, the APPLICANT will benefit from an expedited review of the project application. The APPLICANT understands and agrees that APPLICANT will be responsible for all costs and expenses incurred by the CITY's consultant(s) in reviewing such project, plus a 10% administration fee and a 7% surcharge. A minimum initial deposit is required. APPLICANT has deposited with the CITY the sum of \$_____, which shall be applied to the review cost and expenses incurred and which shall be replaced upon notice from CITY that such funds have been expended.

APPLICANT understands and agrees that any decision concerning compliance with any applicable codes and regulations is solely within and reserved to the authority of CITY employees and the City Commission, as provided by law. CITY reserves the right to review, modify and/or revise, in its sole discretion, any work performed by cost recovery consultants. APPLICANT understands and agrees that the above-referenced consultant shall work solely under the supervision and direction of CITY staff.

This document shall be executed by the owner and/or the agent that has signed the application on pages 3 or 4.

APPLICANT SIGNATURE

Sign Name: _____

Print Name: _____

Title: _____

Date: _____

SECTION 2: SUBMITTAL REQUIREMENTS

LAND USE PLAN MAP AMENDMENT

(Land Development Code Section 403)

1. A pre-application conference with staff is required prior to submittal
2. Completed application form with all signatures notarized
(Please note: Pursuant to LDC Section 403.1, only the City Administration, City Commission, or an owner of property subject to the amendment may file a Land Use Plan Map Amendment application).
3. Narrative (explanation of project, justification, historical background, if known)
4. Proof of Ownership Documents (Warranty Deed)
5. Survey dated within one year of date of submittal that accurately reflects current site conditions

At least one survey must be signed and sealed, the others may be copies.
6. Impact analysis prepared in accordance with the Broward County Planning Council Administrative Rules Document, Appendix 3, Plan Amendment Requirements and Procedures, Exhibit B, entitled: Application for Amendments to the Broward County Land Use Plan; Broward County Planning Council
7. Correspondence and documentation reflecting coordination with the required external agencies
8. Filing Fee:

Less than 10 acres	\$6,955	(\$6,500 + \$455 (7% surcharge))
10 – 39.99 acres	\$9,630	(\$9,000 + \$630 (7% surcharge))
40 or more acres	\$12,840	(\$12,000 + \$840 (7% surcharge))
PLUS		
Legal Cost Recovery:	\$600	
9. Cost Recovery deposit (if applicable)

<10 acres:	\$3,000
10-39.99 acres:	\$4,000
40+ acres:	\$5,000

NOTE: The applicant is responsible for the cost of advertising

**A minimum of 8 sets of the foregoing information must be submitted;
10 if you choose the Cost Recovery review option**

SECTION 3: DEVELOPMENT REVIEW COMMITTEE (DRC)

1. **Pre-application meeting:** Contact the Community Development Department at (954) 602-3264 to schedule a pre-application meeting.
2. **Application Intake:** DRC meetings occur bi-monthly, usually on a Thursday morning. New submittals will only be accepted by appointments on the Monday prior to the DRC meeting. Resubmittals are accepted by appointments on the Tuesday prior to the DRC meeting in the **morning only**. Please contact the DRC Plans Coordinator at (954) 602-3269 to schedule an appointment. See our Meeting Calendar: <http://www.commdev.miramar-fl.gov/calendar.htm>
3. **Review by DRC members:** The following Departments / Divisions review DRC applications:

PLANNING DIVISION (954) 602-3264		
BUILDING (954) 602-3201	FIRE (954) 602-4600	PUBLIC WORKS (954) 538-6814
COMMUNITY SERVICES (954) 538-6804	LANDSCAPING (954) 602-3260	TRAFFIC (954) 602-3319
ENGINEERING (954) 602-3320	POLICE (954) 602-4000	UTILITIES (954) 538-6828
EXTERNAL AGENCIES		
BROWARD COUNTY MASS TRANSIT (954) 357-8351	SOUTH BROWARD DRAINAGE DISTRICT (954) 680-3337	

4. **DRC Approval Meetings:** The DRC generally meets twice a month on Thursday mornings, excluding holidays. A project may be postponed a maximum of six (6) months. Additional postponements require the approval of the Assistant Director. *Note: DRC Approval is required at least 4 weeks prior to City Commission Hearing.*
5. **Resubmissions:** Applications that are not approved may require submittal of new or revised materials to resolve outstanding issues. These applications will then be considered at the next DRC meeting, or at a subsequent DRC meeting as determined by Staff or as requested by the applicant.

HELPFUL CONTACTS

UTILITY COMPANIES	SITE PLAN & PLAT REVIEWS
The Utility companies listed below should be contacted for easement and right-of-way issues.	The agencies and companies listed below should be contacted for site plan and/or plat review.
Comcast 2501 S.W. 145 th Avenue Miramar, FL 33027 Charlene Reagan - Phone: (954) 534-7440	All Service Refuse 751 Northwest 31 st Avenue Fort Lauderdale, FL 33311 Ralph Trapani - Phone: (954) 583-1830 email: Trapanir@repsrvsouth.com
Bell South 8601 West Sunrise Boulevard Plantation, Florida 33322 Evan Bewry Phone: (954) 423-6296 Fax: (954) 423-6533	Broward County Mass Transit Broward County Mass Transit Division (BCT) 3201 W. Copans Road Pompano Beach, FL 33069 David Daniels - E-mail: dadaniels@broward.org Phone: (954) 357-8351 - Fax: (954) 357-8342
NUI – Florida City Gas 9555 E. 25 th Street Hialeah, FL 33013 Ramiro Sicre Phone: (305) 835-3610 E-mail: rsicre@agl.resources.com	South Broward Drainage District (SBDD) 6591 S.W. 160 th Avenue (Dykes Road) Davie, FL 33331 Leo Schwartzberg, Director Phone: (954) 680-3337 Cell: (954) 658-1989 Fax: (954) 680-3339
FPL - Florida Power and Light Company 4000 Davie Road Extension Hollywood, Florida 33024 Phone: (954) 442-6350 Fax: (954) 442-6340	U.S. Post Office (per site location) ■ Between U.S. 441 and Utopia Drive: 810 S. State Road 7, Hollywood, FL 33023 Barbara Moore - Phone: (954) 894-6691 ■ Between Utopia Drive and Flamingo Road Pines Annex: 12277 Pembroke Rd, Pembroke Pines FL 33025 Ida Jauregui - Phone: (954) 441-7729 ■ Vicky Coceano Miramar Branch: Between Flamingo Rd and S.W. 172nd Ave. 14900 S.W. 30 th Street, Miramar, FL 33027 Carol Lima - Phone: (954) 704-8993 ■ Chapel Lakes Branch: West of S.W. 172 Ave 21001 Pines Boulevard, Pembroke Pines, FL 33029 Jeanie Brown - Phone: (954) 433-1644
THIS IS A COMPREHENSIVE LIST OF EXTERNAL AGENCIES THAT REVIEW AND APPROVE SPECIFIC APPLICATIONS. CONTACT INFORMATION IS SUBJECT TO CHANGE.	